04360

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Somerset. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Died at home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ROXIE (Middle) H. (Last) ANDERSON

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.
8. DATE OF BIRTH: June 10 - 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Deal Island Md
12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: William Thomas
14. MOTHER'S MAIDEN NAME: Delia Evans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: George Anderson - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebrovascular accident	1 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension	years
DUE TO		
	(c) Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4 1952 to April 4 1953 that I last saw the deceased alive on 4/3, 1953, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE Robert Callcott, M.D. (DEGREE OR TITLE) ADDRESS Princess Anne, Md DATE SIGNED 4/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 6-1953
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) Deal Island (State) Md.

DATE REC'D BY LOCAL REG. 4/11/53
REGISTRAR'S SIGNATURE Lola L. McCarthy
24. FUNERAL DIRECTOR L B Webster - Deal Island Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-51

RECEIVED
APR 15 1953
BUREAU V. S.

04361

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 26.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne; MARYLAND; LENGTH OF STAY (in this place): 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne; STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Roy (Last) Beecham

4. DATE OF DEATH: (Month) April (Day) 19, (Year) 1953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9-15-1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Somerset Co., Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Alford Beecham

14. MOTHER'S MAIDEN NAME: Ebby Hargis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 386-16-1004

17. INFORMANT AND ADDRESS: Bertie King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Heart Disease — Interval Between Onset and Death: Minute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R.S. Johnson M.D. Assistant Medical Examiner

ADDRESS: Princess Anne Md

DATE SIGNED: April 14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-14-53

NAME OF CEMETERY OR CREMATORY: Cottage Grove Cem.

LOCATION (City, town, or county) (State): Green Hill, Md.

DATE REC'D BY LOCAL REG. 4/14/53

REGISTRAR'S SIGNATURE: R.S. Johnson, M.D.

24. FUNERAL DIRECTOR: William H. Jones Jr.

ADDRESS: Princess Anne, Md

VS. A15A

RECEIVED
APR 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04362

CERTIFICATE OF DEATH

Reg. Dist. No. 2-6-1

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (First) LORIE (Middle) (Last) JOHNSON
(Type or Print)

4. DATE OF DEATH: (Month) Apr. (Day) 26, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	White	married	July 2, 1879	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming	for himself	near Marion, Md.	USA

13. FATHER'S NAME: George E. Johnson

14. MOTHER'S MAIDEN NAME: Mary F. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	--	Mrs. Carrie Johnson- Crisfield, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary Disease — Found dead in bed. — Interval Between Onset and Death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Chronic Int. Nephritis - Chronic

DUE TO

(c) Myocarditis - General Arteriosclerosis years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from at intervals 19 51., to Apr. 26, 19 53., that I last saw the deceased alive on Deadon my arrival Apr. 26-1953 6:45a. 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
George E. Calhoun M.D.		Marion St. Md	April 27, 53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 28, 1953	Sunnyridge Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-27-53	Nellie D. Payne	Bradshaw Funeral Parlors 531 Main St. - Crisfield, Md.

VS-A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04363

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Hopewell Section

3. NAME OF DECEASED: (Type or Print) (First) EVELYN (Middle) DOUGLAS (Last) LEWIS

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 23, 1912

9. AGE last birthday: 41 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Crisfield R.F.D., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joe Douglas

14. MOTHER'S MAIDEN NAME: Catherine Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: James Lewis-Crisfield R.F.D., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

642.5
Immediate cause (a) Toxemia of pregnancy — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. Tertiary Syphilis - Caesarian Section

19a. DATE OF OPERATION: Mar. 31, 1953

19b. MAJOR FINDINGS OF OPERATION: Macerated foetus

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 19 53, to 4/2, 19 53, that I last saw the deceased alive on 4/2, 19 53, and that death occurred at 9:00 a. m., from the causes and on the date stated above.

SIGNATURE Robert F. Lewis (DEGREE OR TITLE) M.D ADDRESS Crisfield, Md DATE SIGNED 4/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Apr. 5, 1953

NAME OF CEMETERY OR CREMATORY Hopewell Cemetery

LOCATION (City, town, or county) (State) Crisfield R.F.D., Md.

DATE REC'D BY LOCAL REG. 4/4

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors - Crisfield

RECEIVED
APR 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04364

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin
LENGTH OF STAY (in this place) 79
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN manokin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Samuel (Middle) J. (Last) Maddox

4. DATE OF DEATH: (Month) apr (Day) 27 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: mar 22-1874 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farming for self

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Manokin somerset co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John B. Maddox

14. MOTHER'S MAIDEN NAME: Elizebeth Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Elizebeth Stevenson Manokin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronal Occlusion — unknown

DUE TO (c) Pulmonary tuberculosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1953 to 4/27, 1953, that I last saw the deceased alive on 4/27, 1953, and that death occurred at 11:30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Caldwell M.D. ADDRESS Princess Anne DATE SIGNED 4/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF may 2-1953 | NAME OF CEMETERY OR CREMATORY Samuel Wesley | LOCATION (City, town, or county) (State) manokin somerset co Md

DATE REC'D BY LOCAL REGISTRAR 4/29/53 | REGISTRAR'S SIGNATURE R. F. Johnson, M.D. | 24. FUNERAL DIRECTOR Charles H. Ward ADDRESS Marion Md.

27

RECEIVED
APR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4523

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arecibo, Puerto, Rico
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Luis (Middle) Gonzalez (Last) Martinez

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 4, 1928

9. AGE last birthday: 24 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor

11. BIRTHPLACE (State or foreign country): Puerto Rico

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: not know

14. MOTHER'S MAIDEN NAME: not know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 580-24-5804

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X

Immediate cause (a) Broken Neck, fractured Skull — Interval between onset and death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Compound fractures both Tibia & fibula

(c) Internal Injuries

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 13 — (CITY OR TOWN) Eden (COUNTY) Somerset (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY April 8-53 10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by a speeding automobile.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE R. E. Johnson M.D. (Degree or title) Resident Medical Examiner ADDRESS Princess Anne Md. DATE SIGNED April 18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-18-1953
NAME OF CEMETERY OR CREMATORY: Person Cemetery
LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG. 4/18/53
REGISTRAR'S SIGNATURE R. E. Johnson, M.D.

24. FUNERAL DIRECTOR ADDRESS: Levin B. Wilson, Princess Anne, Maryland

APR
BUREAU

04365

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
MARYLAND LENGTH OF STAY (in this place): 2yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Chesapeake Ave,

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) C. (Last) Mueller

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 12,1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 11 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Herbert

14. MOTHER'S MAIDEN NAME: Lena DuBeau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Floyd Farmer, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) ... Chronic Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... Chronic Nephritis

DUE TO

(c)

Interval Between Onset And Death: 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 4, 1952, to Apr 2, 1953, that I last saw the deceased alive on Apr 4, 1953, and that death occurred at 1.2 : 30 A.M. from the causes and on the date stated above.

SIGNATURE: Sarah M. Payton (Degree or title) ADDRESS: Crisfield Md DATE SIGNED: Apr 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 4,1953

NAME OF CEMETERY OR CREMATORY: Sunny Ridge

LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/4

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Durward Q. Covington, ADDRESS: Crisfield, Md.

APR 8
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04366

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laird Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Laird Avenue

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) BLANCHE (Last) PEYTON

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: January 6-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 3 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: B. Frank Lawson
14. MOTHER'S MAIDEN NAME: Nancy Cullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Mrs. Nancy Davis Crisfield Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 2X

Immediate cause (a) Pulmonary Atelectasis — Interval Between Onset And Death: 2 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) (1) Marked Scoliosis — years

DUE TO

(c) (2) Carcinoma of lung — 6 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Crisfield (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1953 to April 12 1953, that I last saw the deceased alive on Apr. 12, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sarah M. Peyton M.D.
ADDRESS Crisfield, Md
DATE SIGNED Apr. 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 15th 1953
NAME OF CEMETERY OR CREMATORY Asbury Cem
LOCATION (City, town, or county) Somerset County (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/14/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR D. L. Covington
ADDRESS Crisfield Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 16 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04367

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) P. (Last) Shockley

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 10, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Shockley
14. MOTHER'S MAIDEN NAME: Mary Givans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mrs Mary Green Westover, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: ~~[illegible]~~ [illegible] years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardiovascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1951, to 4/30, 1952 that I last saw the deceased alive on 4/30, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Robert Collecott, M.D. Princess Anne 5/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 2, 1953
NAME OF CEMETERY OR CREMATORY St Andrew Cemetery
LOCATION (City, town, or county) (State) Princess Anne, Md.
DATE REC'D BY LOCAL REG. 5/1/53
REGISTRAR'S SIGNATURE R.S.C. Johnson M.D.
24. FUNERAL DIRECTOR Levin R. Wilson
ADDRESS B. Princess Anne, Maryland

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]368

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
LENGTH OF STAY (in this place) 71 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) C (Last) Shores

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: April 5, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerome Price
14. MOTHER'S MAIDEN NAME: Cassie Hickman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mrs Eldon Willing Sr. Chance, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — 18 mths.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1952, to April 9, 1953, that I last saw the deceased alive on Ap 8, 1953 and that death occurred at 2:00A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman
ADDRESS Princess Anne Md
DATE SIGNED 4.11.53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 4-12-1953
NAME OF CEMETERY OR CREMATORY Chance Cemetery
LOCATION (City, town, or county) (State) Chance, Maryland

DATE REC'D BY LOCAL REGISTRAR 4/11/53
REGISTRAR'S SIGNATURE R. S. Johnson, M.D.
24. FUNERAL DIRECTOR Leon R. Wilson
ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

14 1953
AU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04369
Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Hopewell Road

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 6th 1872

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR Months 3 Days 15
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Paper Hanger

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-26-5926

17. INFORMANT & ADDRESS: Mrs. Susie C, Smith, Hopewell Road

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute dilatation of heart — Interval Between Onset And Death: Minutes.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic congestive heart failure — Months.
DUE TO (c) Chronic Nephritis — Years. 2 wks

(904.7)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture right femur

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April ..., 1953, to April ..., 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 3 4. m., from the causes and on the date stated above.

SIGNATURE C. D. Rawley (Degree or title) M D ADDRESS Crisfield, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 18 1953
NAME OF CEMETERY OR CREMATORY Presbyterian
LOCATION (City, town, or county) (State) Rehobeth, Somerset, Md.

DATE REC'D BY LOCAL REGISTRAR 4/18/53
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward Q. Covington ADDRESS Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1370

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AID 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 16 Maryland Ave.

3. NAME OF DECEASED: (Type or Print) (First) THURMAN (Middle) TODD (Last) SOMERS

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 30, 1929

9. AGE last birthday: 23 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: --------

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Artie Somers

14. MOTHER'S MAIDEN NAME: Mildred Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Mrs. Mildred Todd Stephens - 16 Maryland Ave. Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

193X

Immediate cause (a) Carcinoma, Cauda equina, — INTERVAL BETWEEN ONSET AND DEATH: 6 months

Antecedent cause(s) DUE TO Spinal Cord
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bladder paralysis & obstruction

19a. DATE OF OPERATION: 4-10-53

19b. MAJOR FINDINGS OF OPERATION: Bladder concretions, multiple

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19 57, to Apr. 19 53 that I last saw the deceased alive on Apr. 19, 1953, and that death occurred at 6:10p. m., from the causes and on the date stated above.

SIGNATURE C. Rawley (DEGREE OR TITLE) M.D. ADDRESS Crisfield Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF Apr. 22, 1953

NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 4/21/53

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS 531 W. Main St. - Crisfield, Md.

RECEIVED
APR 23 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]371

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield (Rural)
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield (Rural)
STREET ADDRESS (If rural give location): Asbury Avenue

3. NAME OF DECEASED: (First) Elijah (Middle) Edward (Last) Sterling
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Sept. 10-1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 4 Days 20 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MXSXA Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elijah Sterling
14. MOTHER'S MAIDEN NAME: Mary Sterling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-26-2825
17. INFORMANT & ADDRESS: J.Herman Sterling...Crisfield,Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO
(c)

Interval Between Onset And Death

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Injuries Received after Work-Suddenly

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Cause
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): P.O. (CITY OR TOWN): Crisfield (COUNTY): Somerset (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19..., to [illegible], 19..., that I last saw the deceased alive on ...., 19..., and that death occurred at ..... from the causes and on the date stated above.
SIGNATURE (Degree or title): Wm H Coulbourn M D
ADDRESS: Crisfield Md
DATE SIGNED: 4-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr.23-1953
NAME OF CEMETERY OR CREMATORY: Asbury
LOCATION (City, town, or county): Crisfield, (State): Md
DATE REC'D BY LOCAL REGISTRAR: 4/23/53
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR: D. Q. Covington
ADDRESS

VS. A[illegible]

RECEIVED
APR 27 1953
BUREAU OF I.A.

Item 1[illegible] [illegible] 3 4-[illegible]-53 amr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) BELL (Last) STERLING

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 12, 1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): near Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Hope Ward
14. MOTHER'S MAIDEN NAME: Susan Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT & ADDRESS: Mrs. Geroge Turner-Rural Marion, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2 Immediate cause (a) Acute Dil of heart - [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (904.0) (b) Chronic Myocarditis chronic and Nephritis — Years

DUE TO

(c) II Fractured hip - (Jan. 1953)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to Apr. 14, 1953, that I last saw the deceased alive on April 14, 1953, and that death occurred at 2:00p.m., from the causes and on the date stated above.

SIGNATURE George C Cullum MD (DEGREE OR TITLE) ADDRESS Marion, Md DATE SIGNED 4-17-53

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF Apr. 17, 1953
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion, Md.

DATE REC'D BY LOCAL REG. 4-17-53
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS 531 Main St. - Crisfield, Md.

VS-AIS 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04373

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Princess Anne
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) White

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-6 1875

9. AGE Last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Oriole, md. Somerset

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward White

14. MOTHER'S MAIDEN NAME: Rose Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mason White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebrovascular accident — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1952 to 4/5, 1953 that I last saw the deceased alive on 4/3, 1953 and that death occurred at 5 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Calhoun, M.D. ADDRESS Princess Anne md DATE SIGNED 4/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-9-53 NAME OF CEMETERY OR CREMATORY John Wesley LOCATION (City, town, or county) Princess Anne, md (State)

DATE REC'D BY LOCAL REGISTRAR 4/6/53 REGISTRAR'S SIGNATURE R. S. Johnson, M.D.

24. FUNERAL DIRECTOR William H. Jones Jr. ADDRESS Princess Anne md

21

RECEIVED
APR 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04374

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Maurice (Middle) T. (Last) Wilson

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 10-18-1871
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Labor
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Dames Quarter, Somerset
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Wilson
14. MOTHER'S MAIDEN NAME: mary moosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Oscar Wilson, Dames Quarter md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 18 mths

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18th, 1953, to Ap. 19th, 1953, that I last saw the deceased alive on Ap. 18th, 1953, and that death occurred at 3:30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldore G. Marksman
ADDRESS Princ Anne, md.
DATE SIGNED 4·21·53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 4-22-53
NAME OF CEMETERY OR CREMATORY Macedonia
LOCATION (City, town, or county) (State) Dames Quarter md

DATE REC'D BY LOCAL REGISTRAR 4/21/53
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gt
24. FUNERAL DIRECTOR William H James Jr. Princess Anne, md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
APR 23 1953
BUREAU V. S.